

**COMMUNITY CHALLENGE GRANTS PROGRAM**  
**Match Documentation Form**  
**Fiscal Year Reporting Period 1999-2000**

Applicant Agency: \_\_\_\_\_ Grant Award Number: \_\_\_\_\_

(Leave Blank)

Project Name: \_\_\_\_\_

SOURCE OF MATCH	TYPE OF MATCH	ANTICIPATED VALUE
	<b>TOTAL</b>	\$

<b>REQUESTED BUDGET FOR FY 1999/2000</b>	\$
<b>REQUIRED MATCH AMOUNT FOR FY 1999/2000</b> <input type="checkbox"/> 10 % New Projects or <input type="checkbox"/> 20 % Continuing Projects	\$

The CCG Program requires matching funds or in-kind contributions equivalent to not less than 10% for the first period of the grant, not less than 15% for the second period of the grant, and not less than 20% for the third year of the grant and beyond.

**I verify the accuracy of this report and verify that none of this reported match will come from any governmental sources.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print name and title*

\_\_\_\_\_  
*Date*